



Maryland Department of Health and Mental Hygiene

Office of Food Protection and Consumer Health Services

Permits & Licenses • (410) 767-8444 • FAX (410) 333-8931

6 St. Paul Street, Suite 1301 • Baltimore, Maryland 21202

APPLICATION FOR A MARYLAND BULK MILK HAULER/SAMPLER PERMIT

Instructions:

1. Complete and sign application.
2. Send check or money order for annual, non-refundable \$50.00 permit fee. (Do not send cash).
Permit fee is payable to Maryland D.H.M.H
3. Mail payment and completed application to above address.

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

E-mail: _____

FEIN or SSN: _____

☐ NEW APPLICANT

☐ RENEWAL

☐ FULL-TIME

☐ PART-TIME

Were you previously licensed as a Hauler/Sampler? ☐ Yes ☐ No

If "yes", permit number: _____

DATE OF LAST FIELD EVALUATION: _____

Evaluating State: _____

If most recent evaluation is not within two years of your permit expiration date, call the Division of Milk Control, at (410) 767-8429, to schedule a field evaluation. **Renewal applications may not be processed without a current field evaluation.**

Provide full name and address of employer (Maryland permitted Milk Transportation Company):

Name: _____

Phone #: _____

Address: _____

Application is hereby made for a Bulk Milk Hauler/Sampler Permit in accordance with Health-General Article 21, Subtitle 4, of the Annotated Code of Maryland. I understand that issuance of this Permit is conditional on my consent to allow evaluations as necessary, to determine compliance with Applicable Laws and Regulations. I also understand that failure to allow evaluations may result in suspension or revocation of this permit.

Signature

Date

DO NOT WRITE BELOW THIS LINE

DATE RECEIVED: _____

CHECK #: _____

AMOUNT: _____

PERMIT #: _____

EXPIRATION DATE: _____

SERIAL #: _____

DATE ISSUED: _____

DMC APPROVAL: _____

DATE OF APPROVAL: _____

